2003 FOR PROFIT CORPORATION

P01000097819

Mailing Address

14839 SOUTH MILITARY TRAIL

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

Principal Place of Business

14838 SOUTH MILITARY TRAIL

CENTERS FOR NEUROLOGY, INC.



	03-12-2003 30212 033
	

DELRAY BEACH FL 33484				DELRAY BEACH FL 33484								
2. Principal Place of Business		3. Mai	3. Mailing Address				1 (1861) 1861 11 1861 1167 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 1861 	 		HOLD (01) (50 1		
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City	City & State			4.	4. FEI Number 38-364 1623 Applied For Not Applicable				
Zip		Country	Zip	Zip Countr			5.	Certificate of Status Desired		\$8.75 Add Fee Required	itional	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
					Name							
STANGER, JEFFREY L 14838 SOUTH MILITARY TRAIL				Street Address			ess (P.O. I	(P.O. Box Number is Not Acceptable) - `-				
DELRAY BEACH FL 33484												
						City FL Zip Code						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE .	Signature, typed	or printed name of registered agen	t and title if and	licable. (NOTE:	: Registere	d Agent signature re	equired when	reinstating)	DATE			
								1				
After	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00	i					Election Campaign Final Trust Fund Contribution			May Be to Fees	
10.	C Payable to	Florida Department of OFFICERS AND		00	11.		۸۲	DDITIONS/CHANGES TO OFFI	CEDS ANI	DIBECTORS	: INI 11	
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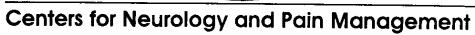
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AMILIER URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment Do# P01000097819







5/8/03

To: Whom it may Concerd Re 2003 UBR

This fam was originally sent on April 23, 2003. Unfaturately our trat desk person dopped it the mail box without putting postage on the envelope. It came beck as undeliverable (postege due). I am now reserving it. Hease extend as a Courtesy & Stace period for late filing The for your anticipated cooperation

Divisions: SHCC DBA APCC, Injury and Headache Treatment Centers

- 14838 South Military Trail
 Deiray Beach, FL 33484
 (561) 498-4300
 Fax (561) 498-4539
- 8197-3 North University Drive
 Tamarac, FL 33321
 (954) 720-2800
 Fax (954) 720-6547 350 North University Drive
 Pembroke Pines, FL 33024
 (954) 438-9889
 Fax (954) 438-9572